08298

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF (119)

County Wicomico Registration Dist. No. 333

Village or City Salisbury, Md. No. Peninsula Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Elizabeth Ballard U. S. Veteran, specify WAR

(a) Residence: No. West over, Md. St., Ward. Som. Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 2 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. Westover (State or country)

FATHER

13. NAME Horace Cardeps.

14. BIRTHPLACE (city or town) Philadelphia (State or country) Pa

MOTHER

15. MAIDEN NAME Henrietta Ballard

16. BIRTHPLACE (city or town) Westover (State or country) Md

17. INFORMANT Dr Johnson (Address) Princess Anne Md

18. BURIAL, CREMATION, OR REMOVAL Salisbury Md

Place Public Cemetery Date Aug 26, 1939

19. UNDERTAKER James F. Stewart (Address) Salisbury Md

20. FILED 8/26, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8 - 24 - 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1939, to Aug 24, 1939

I last saw her alive on Aug 23, 1939; death is said to have occurred on the date stated above, at 2 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
infectious diarrhea	8/1/39

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) [illegible] M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1841)

08299

CERTIFICATE OF DEATH

Reg. Dist. No. 383

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hospital

Stay in hospital or inst. (yrs., or mos., or days) about 1 hr.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Stockton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hilda Beauchamp

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 2 - 1928

8. AGE: Years 10 Months 11 Days 1 If less than one day hrs. min.

9. Birthplace Salisbury Wicomico Md (Town, county, and state)

10. Usual occupation School

11. Industry or business

FATHER 12. Name William J. Beauchamp

13. Birthplace Maryland

MOTHER 14. Maiden name Gladys Bromley

15. Birthplace Maryland

16. Informant Mr Randolph Beauchamp

Address Pocomoke City Md B.H.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 6 1939 (month) (day) (year)

Cemetery or crematory M.E. Cem.

Location Pocomoke City Md

16. Funeral director Hearne & Kennis

Address Snow Hill Md

19. 8/3 1939 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1939, at 5.15 p M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from medical examiner 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Hemorrhage — DURATION 8-3-39

Due to Bullet wound of liver — 8-3-39

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Bullet hole of liver with abdominal hemorrhage

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 8-3-39

Where did injury occur? Stockton (City or town) Worcester (County) Md (State)

Injured at home, farm, industry, public place (where?) farm

Means of injury Accidental gun shot Injured at work? No

23. SIGNATURE LaRademaker M.D. Deputy Med Examiner Wicomico Co M. D. or other

Address 112 W Main St Date signed 8-3-39

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SEP 5 1939
BUREAU V. S.

08300

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8)

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

(M) (S)

1. PLACE OF DEATH: Wicomico Co

City or town Salisbury Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution P. G. Hospt.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 420 Smith
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Briscoe

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6(a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7. 1939

8. AGE: Years Stillborn | Months | Days | If less than one day hrs. min.

9. Birthplace P. G. Hospital Salisbury Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name James G. Briscoe
13. Birthplace Queen Anne Md.

MOTHER
14. Maiden name Ada Price
15. Birthplace Wyoming Del.

16. Informant James G. Briscoe
Address 420 Smith St. Salisbury Md

17. Burial (Burial, cremation, or removal? Which?) Date thereof Aug. 9-39 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Hallong

Address Salisbury Md.

19. 8/9 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7 1939, at 11.35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7 1939, to Aug 7 1939 and that I last saw h alive on Still born 19

Immediate cause of death Still born (5 1/2 mo pregnancy)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE Hunter R Mann M. D. or other

Address Salisbury Md Date signed 8/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08301

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (WITHIN CORPORATE LIMITS)

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital, Salisbury, Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurrad yrs. mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph John Brittingham If U. S. Veteran, specify WAR

(a) Residence: No. Stockton, Md Route 1 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	baby.

5a. If married, widowad, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24, 1938.

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
	8	7	

OCCUPATION

8. Trada, profession, or particutar kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Baby.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Deta deceased lest worked et this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Worc Co Girdletree, Md
(Stata or country)

FATHER

13. NAME Grover Brittingham.

14. BIRTHPLACE (city or town) Somerset Co.
(State or country)

MOTHER

15. MAIDEN NAME Lillian Merritt

16. BIRTHPLACE (city or town) Stockton Md
(State or country)

17. INFORMANT Grover Brittingham
(Address) Stockton, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Porterville, Md. Date 8/2, 1939

19. UNDERTAKER Hearne Thomas
(Address) Inner Hill Md

20. FILED 8/1, 1939 Harriet E. Johnson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 1 (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceasad from 7-26-, 1939, to 8-1, 1939

I last saw h-- alive on 8-1, 1939; death is said to have occurrad on the data statad ebove, at 2:55A m.

Tha **PRINCIPAL CAUSE OF DEATH** end ralatad causes of Importance were as follows:

	Date of onset
Infections diarrhea	July 29

Other **Contributory Causes** of importance:

Nama of oparation Date of

What test confirmed diagnosis? Was thera an au'opsy? No

23. If daath was due to external causas (VIOLENCE) fill in elso tha following:

Accidant, suicide, or homicide? Data of Injury, 19

Whara did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseese or injury in any way relatad to occupation of deceased? No

If so, specify

(Signad) J. Rex Quillen M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitiol nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08302

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital, Salisbury, Md St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bunting If U. S. Veteran, specify WAR

(a) Residence: No. Selbyville Del, St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
unknown	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Stillborn.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury, Md.
(State or country)

FATHER

13. NAME Russell Bunting

14. BIRTHPLACE (city or town) Selbyville, Del.
(State or country)

MOTHER

15. MAIDEN NAME Alice Timmons.

16. BIRTHPLACE (city or town) Bishopville, Md
(State or country)

17. INFORMANT Alice Bunting
(Address) Selbyville, Del

18. BURIAL, CREMATION, OR REMOVAL
Place P.G. Hospital Date 8/31, 1939

19. UNDERTAKER (Acting) Asst. P. G. Hospital
(Address) Salisbury, Md

20. FILED 8/31, 1939 Harriet E. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 29, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at 1:15 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn (Term)	
(5 months)	

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) Salisbury, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08303

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH. WITHIN CORPORATE LIMITS (8)

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital, Salisbury Md St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Bunting If U. S. Veteran, specify WAR

(a) Residence: No. Selbyville, Del St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX unknown
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 29, 1939

7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
Still born

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury Md
(State or country)

FATHER
13. NAME Russell Bunting
14. BIRTHPLACE (city or town) Selbyville, Del
(State or country)

MOTHER
15. MAIDEN NAME Alice Timmons
16. BIRTHPLACE (city or town) Bishopville Md
(State or country)

17. INFORMANT Alice Bunting
(Address) Selbyville Del

18. BURIAL, CREMATION, OR REMOVAL
Place P. G. Hospital Date 8/31, 1939

19. UNDERTAKER (acting) Supt. P. G. Hospital
(Address) Salisbury, Md.

20. FILED 8/31, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 29, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h____ alive on ____, 19__; death is said to have occurred on the date stated above, at 1:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still born (Turn) (5 months)	

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What last confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) R. M. Nier M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08304

(131)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Fruitland No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George William Byrd. If U. S. Veteran, specify WAR

(a) Residence: No. Fruitland St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Byrd.

6. DATE OF BIRTH (month, day, end year): May 2 1877

7. AGE: Years 62 | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farming

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wicomico co Md

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country): Dyrenzy Deshield Wicomico co Md.

MOTHER

15. MAIDEN NAME: Jane Byrd.

16. BIRTHPLACE (city or town) (State or country): Wicomico co Md

17. INFORMANT (Address): Mrs Eliza Byrd Fruitland Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Fruitland Date: Aug 31, 1939

19. UNDERTAKER (Address): Chas H Ward Marion Md.

20. FILED: 8/29, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 20, 1939, to Aug 28, 1939
I last saw him alive on Aug 28, 1939; death is said to have occurred on the date stated above, at 7 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1939
Other Contributory Causes of Importance:	
Chr. Int. Nephritis	1938
Arteriosclerosis	1938

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H O Davis M. D.

(Address) Salisbury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

08305

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 306 Elizabeth st.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 45 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 306 Elizabeth (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sallie M. Calloway

3. (b) Social Security Number

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Benj R. Calloway

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.): March 29. 1882

8. AGE: Years 57 Months 4 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace: R.F.D. Salisbury Md. (Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business: at Home

FATHER 12. Name: Ebenezer Gravenor

13. Birthplace: Powellville Md.

MOTHER 14. Maiden name: Belle Kelley

15. Birthplace: Powellville Md.

16. Informant: Benj R. Calloway

Address: 306 Elizabeth st. Salisbury Md

17. Burial (Burial, cremation, or removal Which?) Date thereof Aug 10-39 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury Md

18. Funeral director: Holloway & Co.

Address: Walter R. Holloway Salisbury Md

19. 8/10, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8, 1939 at 11.45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1939 to Aug. 8 1939, and that I last saw her alive on Aug. 8, 1939

Immediate cause of death: Gallstones melancholia

DURATION: unknown 6 weeks

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hunter R Marr M. D. or other

Address Salisbury Md Date signed 8/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 5 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

08306

Reg. Dist. No. 33/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Hebron
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Hebron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Aurelia Virginia Carmean

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow

6 (b) Name of husband or wife George W. Carmean

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1858

8. AGE: Years	Months	Days	If less than one day
81	3	15	hrs. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John H. Oneal

FATHER 13. Birthplace Delaware

MOTHER 14. Maiden name Adah Wright

MOTHER 15. Birthplace Delaware

16. Informant Mrs. Levader Hall

Address Hebron, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/28/39 (month) (day) (year)

Cemetery or crematory Delmar, Del. Cem.

Location

18. Funeral director Mrs. C. G. Messick & Sons

Address Hebron, Md.

19. Aug 28 1939 (Date rec'd by registrar) Mrs J M Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1939, at 7p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1939, to Aug 26 1939, and that I last saw h alive on August 26 1939

Immediate cause of death	DURATION
Arteriosclerosis	
Due to Chronic Nephritis, Chronic Endocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Emrich
M. D. or other

Address Hebron - Md Date signed Aug. 27 '39

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SEP 5 1932
BUREAU V. S.

08307

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City ~~Hebron, Md. R.F.D.~~ Salisbury P. G. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Flora Cook If U. S. Veteran, specify WAR

(a) Residence: No. Hebron Md. R.F.D. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Byron V. Cook

6. DATE OF BIRTH (month, day, and year) Aug. 12, 1908

7. AGE Years 31 Months 6 Days 18 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 8/39

11. Total time (years) spent in this occupation bfl

12. BIRTHPLACE (city or town) (State or country) Kingston, Tenn.

FATHER

13. NAME S. H. Grettner

14. BIRTHPLACE (city or town) (State or country) Kingston, Tenn.

MOTHER

15. MAIDEN NAME Annie Tutterrow

16. BIRTHPLACE (city or town) (State or country) Kingston Tenn.

17. INFORMANT (Address) Byron Cook Hebron, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Date 8/14/39, 19

19. UNDERTAKER (Address) Mrs. C. G. Messick Son's Hebron Md.

20. FILED 8/12, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1939, to 8-12, 1939

I last saw her alive on 8-12, 1939; death is said to have occurred on the date stated above, at 1:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bilateral Salpingitis: probably gonorrhoeal in origin. Cu. G.R. Duration: several months ~~and~~ possibly a year or more.

Date of onset

Other Contributory Causes of Importance:

Cerebral embolism

Name of operation Salpingectomy Date of 8-11-39

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Philip A. Insley M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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SEP 5 1939
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3 index cards

08308

STATE OF MARYLAND—CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital Salisbury Md St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Johnson Coston If U. S. Veteran, specify WAR .....

(a) Residence: No. Snow Hill, Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Snow Hill, Md
(State or country)

FATHER

13. NAME Andrew Johnson.

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Stella Smith

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Stella Smith Johnson
(Address) Ocean City Md

18. BURIAL, CREMATION, OR REMOVAL
Place Snow Hill Date Aug 10, 1939

19. UNDERTAKER James H. Stewart
(Address) Salisbury Md

20. FILED 8/10, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8 (Month) – 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-17-39, 19..., to 8-8-, 1939

I last saw her alive on 8-8-, 1939; death is said to have occurred on the date stated above, at 11 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	July 1938

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) [illegible] M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08309

1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF

County Wicomico Registration Dist. No. 333

Village or City Salisbury, Md. No. Pen. Gen. Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME James S Cottman If U. S. Veteran, specify WAR ✓

(a) Residence: No. Baltimore Md St. Clarks Ward
(Usual place of abode) 5809 Park Hill, Balt. Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Cottman

6. DATE OF BIRTH (month, day, and year): 11-24-1896

7. AGE: Years 42 | Months 8 | Days 25 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Coal
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Salesman
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mardy Canada

FATHER
13. NAME: Clarence Cottman
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Susan Cottman
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): X family

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto, Md Date: 8/22, 1939

19. UNDERTAKER (Address): G. S. Le Compte, Cambridge Md

20. FILED: 8/19, 1939 Harriet E. Johnson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at 1.15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
~~acute alcoholic poisoning~~	Aug 19, 1939
Acute coronary thrombosis. C.W.S.R.	
Died, enroute to the Salisbury Hospital	

Other Contributory Causes of importance:
Phlebitis and chronic sclerosis of the coronary vessels.

Name of operation: None Date of ___

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? accidental poisoning Date of injury ___, 19___
Where did injury occur? ___ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: Imbibed excessive quantity of alcohol
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ___
(Signed) J. A. Redender M.D.
(Address) Deputy Med. Examiner Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08310

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Nanticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Horace H. Cox

(a) Residence: No. Nanticoke St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Cox

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Mariner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Nanticoke Md

FATHER

13. NAME Gilbert Cox

14. BIRTHPLACE (city or town) (State or country) Nanticoke Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Mrs May Cox Nanticoke Md

18. BURIAL, CREMATION, OR REMOVAL

Place Turner Cem Nanticoke Date Aug 23, 1939

19. UNDERTAKER (Address) Mrs C E Messick & Sons Bivalve Md

20. FILED 8/22, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Aug 21, 1939.

I last saw him alive on Aug 21, 1939; death is said to have occurred on the date stated above, at 1 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cardiitis.

Date of onset

Other Contributory Causes of importance: Sem'l Arteriosclerosis. Chronic Sinusitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D Allen Fields M. D.

(Address) Nanticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Wanner

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08311

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospt
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 28 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 310 S. Division
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hilary W. Davis

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary H. Davis
6 (c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.): June 12. 1860

8. AGE: Years 79 | Months 2 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace: Snow Hill Md.
(Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business
FATHER
12. Name: Henry Davis
13. Birthplace: Salisbury Md.
MOTHER
14. Maiden name: Clarissa Bailey
15. Birthplace: Powellville Md.
16. Informant: Mrs Mary H. Davis
Address: 310 S. Div. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 15. 1939 (month) (day) (year)
Cemetery or crematory: Wico. Mem. Park Cem.
Location: Salisbury Md.
18. Funeral director: Holloway & Co.
Address: Walter R. Holloway Salisbury Md
19. 8/15, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 13. 1939 (6.10 P.M.) at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 13 1939, to Aug 13 1939 and that I last saw him alive on Aug 13 1939.

Immediate cause of death: cerebral hemorrhage — DURATION: 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: J. Wanner M.D.
M. D. or other
Address: Salisbury — Date signed: Aug 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 22 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08312

1. PLACE OF DEATH WITHIN CORPORATE LIMITS (8)

County Wicomico Registration Dist. No. 333

Village or City Salisbury, Md. No. Pen. Gen. Hosp. Del. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Evans. If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. Media, Del.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 20, 1939

7. AGE Years ____ Months ____ Days ____ If LESS than 1 day, ____ hrs. or ____ min.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Harry Lee Evans.

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Bessie Ethel Turner

16. BIRTHPLACE (city or town) Media, Pa. (State or country)

17. INFORMANT ____ (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pen. Gen. Hospital Date 8/24, 1939

19. UNDERTAKER (Acting) Supt. P. G. Hospital (Address) Salisbury, Md.

20. FILED 8/24, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Stillborn 8/20, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Stillborn 8/20/39, 19__ to ____, 19__

I last saw her alive on Foetus hakt been dead for over 1 wk, 19__; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn. dead foetus of 5 mos - (malformed)

Date of onset

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Hulo R Mann M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE FL[illegible], WITH UNFADING INK—THIS IS A PERMANENT REC[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Kutts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

08313

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Wicomico
County
WITHIN CORPORATE LIMITS OF
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P. B. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 601. S. Division
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Baby Godfrey

3. (b) Social Security Number

4. Sex Female | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Single

8 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26. 1939

8. AGE: Years | Months | Days | If less than one day hrs. 11 min.

9. Birthplace P. B. Hospital Salisbury Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Laurence Godfrey

13. Birthplace Salisbury Md.

MOTHER 14. Maiden name Vera Bowen

15. Birthplace Salisbury Md.

16. Informant Laurence Godfrey

Address 601. S. Div. St. Salisbury Md

17. Burial Date thereof Aug. 28 39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory A. W. Bowen Farm

Location Delmar Road U.S. #13 near Salisbury Md.

18. Funeral director Walter R. Holloway & Co.

Address Walter R. Holloway Salisbury Md

19. 8/28 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 26th 1939 at 8:40 P M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-26 1939 to 8-26 1939 and that I last saw h[illegible] alive on 8-26 1939

	OURATION
Immediate cause of death	
Due to: Prematurity	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

At autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D.
M. D. or other

Address Salisbury, Md. Date signed 8-27-39

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08314

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Tyaskin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 1/2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Handy If U. S. Veteran, specify WAR

(a) Residence: No. Tyaskin St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 11, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Tyaskin (State or country) Md

FATHER

13. NAME Hiram Handy

14. BIRTHPLACE (city or town) Tyaskin (State or country) Md

MOTHER

15. MAIDEN NAME Sarah L. Laws

16. BIRTHPLACE (city or town) Tyaskin (State or country) Md

17. INFORMANT Geo. Handy (Address) 4304 Dewey ave Roland Park Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place Tyaskin Date 8/13 1939

19. UNDERTAKER Mrs. C. E. Messick & Sons (Address) Dorsey Md

20. FILED 8/12, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939, to Aug 11, 1939 I last saw him alive on Aug 1, 1939; death is said to have occurred on the date stated above, at 12-8 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carditis — Date of onset 1 yr ago

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Allen Field M. D.

(Address) Nanticoke, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 29 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Kitts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

08315

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hospt.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Fruitland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby of Harold Hearn

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15-1939

8. AGE: Years Prematurity Months Days If less than one day 4 hrs. 3 min.

9. Birthplace P.G. Hospt. Salisbury Md (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Harold W. Hearn

13. Birthplace Pocomoke Md

MOTHER 14. Maiden name Alda Lee Hastings

15. Birthplace Princess Anne Md

16. Informant Harold W. Hearn

Address Fruitland Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 16-39 (month) (day) (year)

Cemetery or crematory Fruitland Cem.

Location Fruitland Md.

18. Funeral director Holloway & Co.

Address Dr. Walter R. Holloway Salisbury Md

19. 8/16, 1939 Harriet E. Johnston Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15-1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15 1939, to Aug. 15 1939, and that I last saw him alive on Aug. 15 1939.

Immediate cause of death Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Aiwkins, M.D. M. D. or other

Address Salisbury Md Date signed 8-15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

08316

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1. PLACE OF DEATH:

County: Wicomico

City or town: Hebron
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Mardela Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alice Taylor Hopkins

3. (b) Social Security Number: 213-01-7991

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 5, 1880

8. AGE:

Years	Months	Days	If less than one day
58	10	23	hrs. min.

9. Birthplace: Mardela Springs, Md.
(Town, county, and state)

10. Usual occupation: Forelady

11. Industry or business: Shirt Factory

FATHER
12. Name: Joshua Hopkins
13. Birthplace: Mardela Springs, Md.

MOTHER
14. Maiden name: Sarah Mills
15. Birthplace: Mardela Springs, Md.

16. Informant: A. R. Hopkins
Address: Mardela Springs, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/30/39 (month) (day) (year)

Cemetery or crematory: Mardela M. P. Church Cem.

Location: Mardela Springs, Md.

18. Funeral director: Mrs. C. G. Messick & Sons
Address: Hebron, Md.

19. 8/30 (Date rec'd by registrar) 1939 Mrs J M Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28, 1939, at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ..., to ... 19 ..., and that I last saw h... alive on ... 19 ...

Immediate cause of death: Cerebral Hemorrhage

DURATION: 1 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: L A Rodenhaber M.D. Deputy Medical Examiner Md. M. D. or other

Address: Salisbury Md Date signed 8-30-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08317

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 33

Village or City Hebron, Md. No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Granville Horsey

(a) Residence: No. Hebron, Md. St. Ward S. C. # 215-03-3283

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Morris

6. DATE OF BIRTH (month, dey, and year) Oct. 26, 1888

7. AGE	Yeers	Months	Deys	If LESS then 1 dey, hrs. or min.
	50	9	16	

OCCUPATION

8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. Steam Mill

10. Date deceased last worked at this occupetion (month and year) 4/39

11. Total time (yeers) spent in this occupation 30

12. BIRTHPLACE (city or town) Quantico, Md. (State or country)

FATHER

13. NAME Sandy Horsey

14. BIRTHPLACE (city or town) Quantico, Md. (State or country)

MOTHER

15. MAIDEN NAME Mary Jane Moore

16. BIRTHPLACE (city or town) Quantico, Md. (State or country)

17. INFORMANT Ruth Horsey (Address) Hebron, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Quantico, Md. Date 8/14/39, 19

19. UNDERTAKER Mrs. C. G. Messick & Sons (Address) Hebron, Md.

20. FILED Aug 14, 1939 Mrs J M Wallop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 11 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1939 to August 10th, 1939

I last saw h[illegible] alive on August 10th, 1939; deeth is said to heve occurred on the date stated above, et 5p e.m.

The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:

	Date of onset
Chronic Nefritis	
Chronic Myocarditis	
Other Contributory Causes of importance:	

Neme of operation Dete of

Whet test confirmed diagnosis? Was there an autopsy?

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Wes disease or injury in any wey releted to occupetion of deceased?

If so, specify

(Signed) William Granville Horsey M. D.

(Address) Hebron - Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08318

1. PLACE OF DEATH (3)

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital, Salisbury Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howell If U. S. Veteran, specify WAR

(a) Residence: No. Allen Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
unknown	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillborn (Infant)

6. DATE OF BIRTH (month, day, and year) August 21, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury Md (State or country)

FATHER

13. NAME Andrew Jackson Howell

14. BIRTHPLACE (city or town) Holland, Va (State or country)

MOTHER

15. MAIDEN NAME Polly Lee

16. BIRTHPLACE (city or town) Berkeley, Va (State or country)

17. INFORMANT Polly Howell (Address) Allen Md

18. BURIAL, CREMATION, OR REMOVAL Place Peninsula Hospital Date 8/24, 1939

19. UNDERTAKER (acting) Supt. P. G. Hospital (Address) Salisbury, Md.

20. FILED 8/24, 1939 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 21, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the data stated above, at 7 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
4 months	

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Philip A. Wesley M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 332

CERTIFICATE OF DEATH

(119)

08319

1. PLACE OF DEATH:

(a) County Wicomico.

(b) City or town Near Pittsville

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 mo.

2. HOME (USUAL RESIDENCE) OF DECEASED.

(a) State Md. (b) County Wicomico.

(c) City or town Pittsville, rural

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural giva location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ronald David Littleton

3 (b) If veteran, name war

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 5th 1939

8. AGE: Years | Months 4 | Days - | If less than one day hr. min.

9. Birthplace Near Pittsville Md.

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name Voyd Donaway.

13. Birthplace Whaleyville Md.

MOTHER

14. Maiden Name Pauline Littleton

15. Birthplace Pittsville, Md.

16 (a) Informant Pauline Littleton.

(b) Address Pittsville, Md.

17 (a) New Hope Cem. (Burial, cremation, or removal) (b) Date thereof Aug 6 1929 (month) (day) (year)

(c) Cemetery or crematory New Hope Cem.

Location New Hope. Md.

18 (a) Funeral director Wm. Howard Wills.

(b) Address Pittsville, Md.

19 (a) Aug. 5, 1939 (Date rec'd by registrar) (b) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 5 1939, at 12.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death Gastroenteritis. Cw.&R.

Duration

Marasmus

Due to Improper food

Due to From history — bowel condition

Other conditions Gastro-enteritis, dating from birth.

(Include pregnancy within 3 months of death)

Major findings According to history given by child's mother.

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. R. Law M. D. or other

Address Berlin Md Date signed 8-5-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 6 1933
BUREAU V. S.

08320

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Gen'l Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 day

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: unknown (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ezra McDonell

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: A A

6. (a) Single, married, widowed, or divorced: Don't know

6 (b) Name of husband or wife: Don't know

6(c) If alive, give age: ~ years

7. Birth date of deceased (mo., day, yr.): About 1904

8. AGE: Years: about 35 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Wilmington, North Carolina (Town, county, and state)

10. Usual occupation: Chauffeur

11. Industry or business: No

FATHER

12. Name: David J. McDonell

13. Birthplace: Wilmington, North Carolina

MOTHER

14. Maiden name: Don't know

15. Birthplace: Don't know

16. Informant: Peninsula Gen'l Hospital

Address: Salisbury, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/3/39 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Kingston, North Carolina

18. Funeral director: James F. Stewart

Address: 402 E. Church St. Salisbury Maryland

19. 9/1, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

39

20. DATE OF DEATH: Aug 30 1939, at 2:55 p.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examiner 19 , to 19 , and that I last saw alive on 19 .

Immediate cause of death: concussion of brain, Fractured skull — DURATION: 2 days

Due to:

Due to:

Other conditions: Fractured Right ribs — 2 days

(Include pregnancy within 8 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: Aug 28, 1939

Where did injury occur? Ocean City (City or town) Worcester (County) Maryland (State)

Injured at home, farm, industry, public place (where?): Public highway

Means of injury: automobile accident Injured at work? No

23. SIGNATURE: L A Rodemaker M.D. Deputy Medical Examiner Wicomico County, St. Maryland M.D. or other

Address: Salisbury Md Date signed: 8/31/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08321

1. PLACE OF DEATH WITHIN CORPORATE LIMITS (3)

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital No. Salisbury Md St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Merrick, girl If U. S. Veteran, specify WAR

(a) Residence: No. ... St., ... Ward. Salisbury Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and yeer) Aug 1, 1939

7. AGE Years	Months	Days	If LESS then 1 dey, ... hrs. or ... min.
Still born	+ 4 months		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury Md
(State or country)

FATHER

13. NAME Harry Samuel Merrick

14. BIRTHPLACE (city or town) Salisbury Md
(State or country)

MOTHER

15. MAIDEN NAME Hattie Frances Cox

16. BIRTHPLACE (city or town) Dunfield Md
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place P. G. Hospital Date Augs. 7, 1939

19. UNDERTAKER (acting) Supt. P. G. Hospital
(Address) Salisbury Md.

20. FILED 8/7, 1939 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, Thet I attended deceased from ..., 19..., to ..., 19...

I lest sew h... elive on ..., 19...; death is said to have occurred on the date stated above, et 5:55A m.

The **PRINCIPAL CAUSE OF DEATH** end releted causes of importence were as follows:

	Dete of onset
Still Born	
Other Contributary Causes of Importence:	

Name of operetion ... Dete of ...

What test confirmed diegnosis? ... Was there en au'opsy?

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Dete of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury ...

Nature of Injury ...

24. Was diseese or injury in eny way related to occupation of deceesed? ...

If so, specify ...

(Signed) ... M. D.

(Address) Salisbury Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

SEP 5 1939
BUREAU

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

08322

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 419 Record

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 419 Record (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Oliver S. Moore

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ella M. Moore

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) DEC. 24. 1864

8. AGE: Years 74 Months 7 Days 12 If less than one day hrs. min.

9. Birthplace Bethel Del. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Retired

FATHER 12. Name Wilson Moore

FATHER 13. Birthplace Bethel Del.

MOTHER 14. Maiden name Mary Thompson

MOTHER 15. Birthplace Galestown Md.

16. Informant Mrs. Ella M. Moore

Address 419 Record St. Salisbury Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof Aug. 8. 1934 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury Md.

18. Funeral director Holloway & Co Walter R. Holloway.

Address Salisbury Md.

19. 8/8 1934 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1934, at 12.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1934 to Aug 6 1934 and that I last saw h alive on Aug 6 1934.

Immediate cause of death Pul. TBC. DURATION

Due to —

Due to /

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Operations /

Autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE J. M. Hall M. D. or other

Address Salisbury Date signed 8/8/34

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SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08323

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
WITHIN CORPORATE LIMITS OF
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1202 N. Division Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Twenty Years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1202 North Division
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura More

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Agariah More

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1863

8. AGE: Years	Months	Days	If less than one day
76	4	22	hrs. min.

9. Birthplace Bridgeton — New Jersey
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Ebenezer Whitaker

13. Birthplace New Port, New Jersey

MOTHER 14. Maiden name Carlina D. Hiner

15. Birthplace New Port, New Jersey

16. Informant Mrs. Carlina M. Ulman

Address Salisbury, Maryland.

17. Burial Date thereof Aug. 10, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location N. Division, Salisbury, Md.

18. Funeral director The Veit and Johnson Co.,

Address E. Main St. at Davis, Salisbury, Md.

19. 8/10, 1939 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8, 1939, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-20 1936, to 8-8 1939, and that I last saw her alive on 8-8 1939.

Immediate cause of death	DURATION
Carcinoma of Stomach	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. A. Peasley M.D.
M. D. or other

Address Salisbury Md Date signed 8-9-39

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SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08324

WITHIN CORPORATE LIMITS OF

(119)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury, Md. No. Ry. Genl. Hosp. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 hour ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Cynthia Perry If U. S. Veteran, specify WAR no

(a) Residence: No. Salisbury, Md. St., ____ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Col.	no

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of no

6. DATE OF BIRTH (month, day, and year) Feb 10 - 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. no

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. no

10. Date deceased last worked at this occupation (month and year) no

11. Total time (years) spent in this occupation no

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME George Perry

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Severa Jones

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs Catherine Mapp (Address) Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL

Place Houston Cem Date Aug. 31, 1939

19. UNDERTAKER James H. Stewart (Address) Salisbury Md

20. FILED 8/31, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8-28- (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8-28-, 1939, to 8-28-, 1939

I last saw her alive on 8-28-, 1939; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Infectious diarrhea	8/20

Other Contributory Causes of Importance:

Convulsions	8/28

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J. Wimmer M. D.

(Address) Salisbury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

08325

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 104 East Isabella St.

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 48 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 104 East Isabella St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME George Haller Phillips

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Taylor Phillips

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.): Dec. 2, 1863.

8. AGE: Years 75 | Months 8 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace: Wicomico, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Real Estate Broker

FATHER
12. Name: Uriah Phillips
13. Birthplace: Delaware

MOTHER
14. Maiden name: Rachel Haller
15. Birthplace: Delaware

16. Informant: Mrs. George Haller Phillips
Address: Salisbury, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 9/2/39 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.

19. 9/2, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31, 1939, at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 31 1939, to Aug 31 1939, and that I last saw him alive on Aug 31 1939.

Immediate cause of death: Vascular Heart Disease

DURATION: unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Hunter R Mann
M. D. or other
Address Salisbury Md Date signed 9/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

08326

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Parsonsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: R.F.D. # 2
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 49

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Parsonsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. # 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William E. J. Fullen

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth J. Fullen
6 (c) If alive, give age: 75 years
7. Birth date of deceased (mo., day, yr.): June 25 1854
8. AGE: Years: 85 Months: 1 Days: 28 If less than one day: hrs. min.
9. Birthplace: Bishopville Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Own Farm
FATHER 12. Name: Jamy Fullen
FATHER 13. Birthplace: Showells Md.
MOTHER 14. Maiden name: Ann Hastings
MOTHER 15. Birthplace: Showells Md
16. Informant: Mrs. Ida McCabe
Address: R.F.D. #1. Frankford Del
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 25-39 (month) (day) (year)
Cemetery or crematory: Parlow Mem.
Location: Near Pittsville Md.
18. Funeral director: Holloway & Co.
Address: Walter R. Holloway Salisbury Md
19. 8-25, 1939 (Data rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 23 1939 at 3:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 9th 1939 to Aug 20 1939 and that I last saw him alive on Aug 23 1939

	DURATION
Immediate cause of death: Valvular heart disease	5 yrs
Due to: Senility	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Charles H. Brown M.D.
M. D. or other
Address: Salisbury Md. Date signed: 8/24/39

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SEP 6 1939
BUREAU V. S.

08327

STATE OF MARYLAND—CERTIFICATE OF DEATH

(119)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Jesterville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred lfe yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruby Lillian Robertson If U. S. Veteran, specify WAR

(a) Residence: No. Jesterville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 16 1938

7. AGE Years Months 8 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jesterville, Md

FATHER

13. NAME John Edgar Robertson

14. BIRTHPLACE (city or town) (State or country) Jesterville Md

MOTHER

15. MAIDEN NAME Gertie Harrington

16. BIRTHPLACE (city or town) (State or country) Bivalve, Md

17. INFORMANT (Address) Edgar Robertson Jesterville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Turner Kem Date Aug 12, 1939

19. UNDERTAKER (Address) Mrs C P Mesick & Sons Bivalve, Md.

20. FILED 8/11, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1939, to Aug 11, 1939

I last saw her alive on Aug 11, 1939, death is said to have occurred on the date stated above, at 1 40 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Infectious	Aug
Diarrhea	8

Other Contributary Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D Allen Fields M. D.

(Address) Nanticoke, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 8 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08328

1. PLACE OF DEATH

WITHIN CORPORATE LIMITS OF

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. Peninsula General Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 14 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Frank Selby If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. Pocomoke — Wm.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Selby

6. DATE OF BIRTH (month, day, and year) June 4, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
39	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. WPA Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) July 29, 1939

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) Near Pocomoke City Maryland

FATHER

13. NAME Frank Selby

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Carr

16. BIRTHPLACE (city or town) (State or country) Near Pocomoke City Maryland

17. INFORMANT Mrs. Frank Selby

(Address) Pocomoke City, Md. RFD 2

18. BURIAL, CREMATION, OR REMOVAL Near Pocomoke City

Place St. James Cem. Date Aug. 20, 1939

19. UNDERTAKER John A. Bradshaw

(Address) Pocomoke City, Md.

20. FILED 8/17, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 16 (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1935, to Aug 16, 1935

I last saw him alive on Aug 16, 1935; death is said to have occurred on the date stated above, at 9.40 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Spotted Fever	July
Rocky Mountain spotted fever. CW&R.	
Duration: 17 days.	

Other Contributory Causes of Importance: ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____, 19__

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ____

(Signed) [signature] M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08329

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution P.G. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 207. E. Church
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William A. Seletos

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 1. 1921
8. AGE: Years 18 Months 2 Days 14 If less than one day hrs. min.
9. Birthplace Camden N.J. (Town, county, and state)
10. Usual occupation School Boy.
11. Industry or business
FATHER 12. Name Anthony B. Seletos
13. Birthplace Greece
MOTHER 14. Maiden name Dorthy Zoofos
15. Birthplace Greece
16. Informant Anthony B. Seletos
Address 207. E. Church st. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 17-39 (month) (day) (year)
Cemetery or crematory Parsons Mem.
Location Salisbury Md
18. Funeral director Holloway & Co
Address Walter R. Holloway Salisbury Md.
19. 8/17, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15th 1939, at 715 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h 2 alive on 19
Medical Examiner's Report
Immediate cause of death ascending degeneration of spinal cord — DURATION 5 days
Due to Fracture dislocation of cervical vertebrae — 5 days
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Hemorrhage & oedema of spinal cord.
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident. Date of Aug 11, 1939
Where did injury occur? Salisbury (City or town) Wicomico (County) Maryland (State)
Injured at home, farm, industry, public place (where?) Public swimming pool
Means of injury Dive into shallow water Injured at work? No

23. SIGNATURE P.A. Rademaker M.D. Deputy Medical Examiner, Wicomico County, State of Maryland M. D. or other
Address Salisbury, Md Date signed Aug 17, 1939

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SEP 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164)

08330

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Davis St.,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Pennsylvania County Philadelphia

City ~~or town~~ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3427 Woodland Ave.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Benjamin Shank

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Elizabeth Thomas Shank

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 11, 1881

8. AGE: Years	Months	Days	If less than one day
58	4	20	hrs. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation salesman

11. Industry or business rat exterminator business

FATHER
12. Name Franklin Howard Shank
13. Birthplace Bryn Mawr, Penna.

MOTHER
14. Maiden name Ida Sibley
15. Birthplace Bryn Mawr, Penna.

16. Informant Mrs. Elizabeth Thomas Shank

Address 3427 Woodland Ave., Phila Pa.

17. burial (Burial, cremation, or removal. Which?) Date thereof Sept. 2, 39 (month) (day) (year)

Cemetery or crematory Cem. Mt. Moriah

Location Philadelphia, Penna.

18. Funeral director Holloway & Co.,

Address Salisbury, Md., per S. Preston Holloway

19. 9/1, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1939, at 2 45 M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 19 19, and that I last saw medical examiner alive on certificate 19

Immediate cause of death Carbon monoxide poisoning — DURATION 3 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Suicide Date of Aug 31, 1939

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) public road

Means of injury Carbon monoxide from car Injured at work? No

23. SIGNATURE L A Kademaker M.D. Deputy Medical Examiner Wicomico Co. St of Maryland M.D. or other

Address Salisbury Date signed 9-1-39

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08331

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury Peninsula Gen. Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles E. Smith If U. S. Veteran, specify WAR

(a) Residence: No. Berlin md. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	col	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 9, 1938

7. AGE Years	Months	Days	If LESS then 1 day, ___ hrs. or ___ min.
	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wor. Co. md
(State or country)

FATHER

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) md.
(State or country)

MOTHER

15. MAIDEN NAME Stella E. Smith

16. BIRTHPLACE (city or town) md.
(State or country)

17. INFORMANT Charles Smith
(Address) Berlin md.

18. BURIAL, CREMATION, OR REMOVAL
Place Berlin md Date Aug. 13, 1939

19. UNDERTAKER J. W. Burbage
(Address) Berlin md.

20. FILED 8/13, 1939 Harriet E. Johnson Sosal Registrar.
8/13, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 12, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1939, to Aug. 12, 1939
I last saw him alive on Aug. 12, 1939; death is said to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Infectious diarrhea	July 28

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) [illegible] M. D.

(Address) Salisbury, md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Kitt

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08332

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P. H. Hospt.
Stay in hospital or inst. (yrs., or mos., or days) 1 week
Stay in this community (yrs., or mos., or days) 3 Mo. 25 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 418 Oak Hill ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Norris Edward Smith

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: single.
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 18. 1939
8. AGE: Years | Months: 3 | Days: 25 | If less than one day: hrs. min.
9. Birthplace: Delmar Md.
(Town, county, and state)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Edward W. Smith
13. Birthplace: Ocean City Md
MOTHER 14. Maiden name: Lottie Williams
15. Birthplace: Salisbury Md.
16. Informant: Edward W. Smith
Address: 418 Oak Hill ave. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 15-39 (month) (day) (year)
Cemetery or crematory: Shad Point Cem
Location: Shad Point Md.
18. Funeral director: Holloway & Co.
Address: Walter R. Holloway Salisbury Md.
19. 8/16 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13-1939 (4:45 P.M.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 4 1939 to Aug. 13 1939 and that I last saw h[illegible] alive on Aug 13 1939.

Immediate cause of death: Bronchopneumonia — DURATION: 9 days
Due to: organism not found
Due to:
Other conditions: Malnutrition — 3 mo.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [illegible] M. D.
M. D. or other
Address: Salisbury, Md. Date signed Aug 14

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42)

CERTIFICATE OF DEATH

08333

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 11 Days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Fruitland md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. no
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Charlotte Stanford

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a. a.	widow

6 (b) Name of husband or wife Burn Stanford

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Sept 9

8. AGE:

Years	Months	Days	If less than one day
6 2	11	18	____ hrs. ____ min.

9. Birthplace Allen md
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business no

FATHER
12. Name Arthur King
13. Birthplace Allen md

MOTHER
14. Maiden name Charlotte King
15. Birthplace Allen md

16. Informant Willie Stanford
Address Fruitland md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 29 1939 (month) (day) (year)

Cemetery or crematory Mt Olivet

Location Fruitland md

18. Funeral director James F. Stewart

Address Salisbury md

19. Aug. 29, 1939 (Date received by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH aug 26 1939, at PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 26 1939, to aug 26 1939, and that I last saw h alive on aug 26 1939.

Immediate cause of death	DURATION
actinomycosis	6 wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Brunner
M. D. or other

Address Salisbury Date signed Aug 27

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BUREAU V. S.

Dr. Wanner

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

08334

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Hebron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Della Florence Niblett Taylor
3. (b) Social Security Number 212-16-1355

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife William J. Taylor
6(c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) March 4. 1888
8. AGE: Years 51 Months 5 Days 13 If less than one day ___ hrs. ___ min.
9. Birthplace Whitesville Del.
(Town, county, and state)
10. Usual occupation Presser
11. Industry or business Shirt Factory
FATHER
12. Name Purnell Niblett
13. Birthplace Sussex County Del.
MOTHER
14. Maiden name Elizabeth Elliott
15. Birthplace Sussex County Del.
16. Informant William J. Taylor
Address Hebron Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 20-39 (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 8/19 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17. 1939, at 2 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 1939, to Aug 17 1939, and that I last saw h[illegible] alive on Aug 17 1939.
Immediate cause of death ~~[illegible]~~ Uraemia — DURATION 3 day
Due to Uno nephritis — ?
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. R. Wanner M.D.
M. D. or other
Address Salisbury Date signed Aug 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

08335

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico md

(b) City or town Salisbury md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in this community (yrs., mos., or days) 15 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Salisbury Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 506 W Isabella (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) FULL NAME Francis Taylor

3 (b) If veteran, name war no

3 (c) Social Security No. 219-05-3489

4. Sex female

5. Color or race a-a

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Gasaner Taylor

6. (c) If alive, give age about 40 years

7. Birth date of deceased (mo., day, yr.) may 8th 1900

8. AGE: Years 39 Months 3 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Pocomoke md (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business no

FATHER

12. Name Lawery Merrial

13. Birthplace Pocomoke md

MOTHER

14. Maiden Name India Cropper

15. Birthplace Pocomoke md

16 (a) Informant Mrs India Taylor

(b) Address 506 Isabella St Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15 39 (month) (day) (year)

(c) Cemetery or crematory Hall's Hill

Location Pocomoke md

18 (a) Funeral director Jos F Stewart

(b) Address Salisbury Md

19 (a) 8/16/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 13 1939, at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12 1939, to 8-13 1939, and that I last saw him alive on 8-12 1939.

Immediate cause of death Pulmonary hemorrhage — Duration 18 hrs.

Due to Pulmonary tuberculosis — unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. W. Kerr, M.D. (M. D. or other)

Address Salisbury, Md. Date signed 8-14-39.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS OF

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08336

Reg. Dist. No. 330

1. PLACE OF DEATH:
County: Worcester
City or town: Mardela R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Minnie A. Taylor

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	White	Married

6 (b) Name of husband or wife: Calvin Taylor
6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): May 17 - 1875

8. AGE:

Years	Months	Days	If less than one day
64	2	23	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business:

FATHER
12. Name: Richard O. Goslee
13. Birthplace: Md

MOTHER
14. Maiden name: Nancy E. Graham
15. Birthplace: Md

16. Informant: Calvin Taylor
Address: Mardela, R.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug 13-1939
(month) (day) (year)
Cemetery or crematory: Mardela
Location:

1B. Funeral director: Draper and Sons
Address: Sharptown Md

19 Aug 13 39
(Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 11 1939, at 39 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 11 1939, to Aug 11 1939, and that I last saw h[illegible] alive on Aug 11 1939

Immediate cause of death: Cerebral Hemorrhage.
DURATION: 2 hours.

Due to: Arteriosclerosis.

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur?
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J.S. Kuhlman M. D. or
Address: Sharptown Md Date signed: 8/12/39

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-C)

08337

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 113 Broad street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
~~Broad~~ ~~Chance~~ ~~Street~~
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ~~113~~ Chance Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Leah Tyler

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) ~~Name of husband or~~ wife: Jacob S Tyler
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): July 26 1864
8. AGE: Years 75 Months 0 Days 26 If less than one day ____ hrs. ____ min.
9. Birthplace: Chance Md (Town, county, and state)
10. Usual occupation: Housedutees
11. Industry or business:
FATHER 12. Name: Hezekiah Willing
13. Birthplace: Chance Md
MOTHER 14. Maiden name: Margaret Parks
15. Birthplace: Chance Md
16. Informant: Jacob S Tyler
Address: Chance Md
17. Chance Md (Burial, cremation, or removal. Which?) Date thereof: Aug 24 - 1939 (month) (day) (year)
Cemetery or crematory: Chance Cemetery
Location: Chance Md.
18. Funeral director: L G & F. T. Webster
Address: Deals Island Md
19. Aug. 23, 1939 (Date rec'd by registrar) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 22 1939, at 2 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Aug 22 1939, and that I last saw her alive on Aug 22 1939.

Immediate cause of death: Ca. of Colon — DURATION: Med
Due to: —
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings: —
Of operations:
Of autopsy: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: no Date of
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) — —
Means of injury ✓ Injured at work?

23. SIGNATURE: R. M. Hall M. D. or other
Address: Salisbury Date signed: 8/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08338

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (3)

WITHIN CORPORATE LIMITS

County Wicomico Registration Dist. No. 333

Village or City Peninsula - General Hospital, Salisbury MD St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Whaley If U. S. Veteran, specify WAR

(a) Residence: No. ... St., ... Ward. Berlin, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Unknown	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 30, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ... f1. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Salisbury, MD
(State or country)

FATHER

f3. NAME Randolph Hall

f4. BIRTHPLACE (city or town) Shawsell, MD
(State or country)

MOTHER

f5. MAIDEN NAME Elizabeth Whaley

16. BIRTHPLACE (city or town) Shawsell, MD
(State or country)

f7. INFORMANT Elizabeth Whaley
(Address) Berlin MD

f8. BURIAL, CREMATION, OR REMOVAL
Place U. G. Hospital Date 9/1, 1939

19. UNDERTAKER (acting) Supt. U. G. Hospital
(Address) Salisbury, Md.

20. FILED 9/1, 1939 Harriet E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 30 (Day), f939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ... f9 ..., to ..., f9 ...

I last saw h... aliva on ..., 19...; death is said to have occurred on the date stated abova, at 12:45 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	
(5 months.)	
Other Contributory Causes of Importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was dua to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., f9 ...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08339

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (WITHIN CORPORATE LIMITS) (121)

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital Salisbury Md St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Vincent Whitty If U. S. Veteran, specify WAR

(a) Residence: No. 1412 Cooksie St. Baltimore St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorcad
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 9, 1920

7. AGE	Yaars	Months	Oays	If LESS than I dey, hrs. or min.
	18	8	15	

OCCUPATION

8. Trede, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. CCC Enrollee

9. Industry or business in which work was done, es StLK MILL, SAW MILL, BANK, etc.

10. Oete deceased lest workad et this occupation (month and year) August1939

11. Total time (years) spent in this occupation 1yr

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Not Available

14. BIRTHPLACE (city or town) Prince Edward Island (Steta or country) Canada

MOTHER

15. MAIDEN NAME Not Available

16. BIRTHPLACE (city or town) Marriage, Mary E. Whitty (State or country) Baltimore, Md.

17. INFORMANT Mary E. Whitty (Address) 1412 Cooksie St. Balto.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore, Md. Date 8/28/39, 19

19. UNDERTAKER Mrs. C. G. Messick & Sons (Address) Hebron, Md.

20. FILED 8/25, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 24, 1939 (Month) (Day) (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from 8-22-, 19 39, to 8-24-, 19 39

I last saw h.im alive on 8-24, 19 39; deeth is seid to have occurred on tha date statad above, et 4 10 P m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of Importence ware as follows:

	Date of onset
Acute Appendicitus	
Dther Contributory Causes of importance:	
Uremia	

Name of operation Oate of

What tast confirmed diagnosis? Was thera an au'opsy?

23. If death was due to axternal causes (VIOLENCE) filt in also the following:

Accidant, suicide, or homicide? Oete of injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Menner of injury

Neture of injury

24. Was diseasa or injury in any way related to occupation of deceased?

If so, specify

(Signed) Physician M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN